

CHURCHVILLE RECREATION COUNCIL

CHURCHVILLE SOFTBALL

For Girls in age groups: 6-8, 9-10, 11-13, and 14-18
(age determination - January 1, 2015)

Cost for 12 week program is \$75 per child; \$135 for two;
\$190 max per family

Registrations will be held at the Churchville Recreation Center
111 Glenville Road
Churchville, MD 21028



Registration time will be 10:00 a.m. to 12:30 p.m. and dates are:

Saturday, January 10, 2015
Saturday, January 17, 2015
Saturday, January 24, 2015
Saturday, January 31, 2015
Saturday, February 7, 2015

Registration form on the back of this flyer. Please make checks payable to
Churchville Rec. Council and send to:

Churchville Recreation Council
111 Glenville Road
Churchville, MD 21028
Attn: Softball

Registrations taken after February 15, 2015 will be subject to a \$10 late charge.

For more information call the Recreation Office at 410-638-3853 or the chairpersons,
Aaron Keaton - 443-876-3654 or keatonaaron14@yahoo.com
Jason Viperman - 410-937-2946 or vippermans@yahoo.com

Visit the Churchville Recreation Council on Facebook!
www.harfordcountymd.gov/parks_rec
www.churchvillereccouncil.org



2015 SPRING REGISTRATION FORM

Churchville Rec. Softball
111 Glenville Rd., Churchville, MD 21028

☐ RETURNING Player

☐ NEW Player

☐ Interested in Travel?

Player's Name: _____
Last Name First Name MI

Address: _____
Street City Zip Code

Birth Date: ____/____/____ Email Home/Daytime: _____
Mo Day Yr

Parent(s)/Guardian Name: _____ Phone No. _____
First Name (Mother) Last Name

Parent(s)/Guardian Name: _____ Phone No. _____
First Name (Father) Last Name

Age Group (Circle) as of 01/01/15: 6-8 9-10 11-13 14-18

Uniform Shirt Size (Please Circle): Youth: Small Medium Large
Adult: Small Medium Large XL

Any physical conditions or allergies (please comment)? _____

Accommodations requested? (please explain): _____

In-House Registration Fees:

****Please make checks payable to: Churchville Rec. Council * Please note Softball Program in Memo field****

Individual -- \$75 Two -- \$135 Three or more -- \$190

*****There will be a \$15.00 late fee if registration is received after February 15, 2014*****

(Placement is not guaranteed if registration is received after deadline)

****There will be a \$15.00 service charge for any returned check ****

Volunteering Opportunities:

Manager/Coaching/Team Parent Positions/Etc. – Please complete this section if you are interested in managing, coaching, being a team parent, or age group coordinator. *All prospective volunteers must complete a volunteer application and submit to a **background check**. A copy of the application can be found in the "Coaches Corner" section of our website www.churchvillebaseball.net.

_____ Manager* _____ Coach* _____ Team Parent _____ Age Group Coordinator _____ Opening Day Volunteer

I agree to abide by the rules and regulations of the league. I further agree that when I leave after the season, I will return any special program uniform items or athletic equipment issued to me or my child. I will abide by the Churchville Rec. Council - Softball Code of Conduct (Jan. 2012). I agree that I will not hold the manager, coaches, team, program, and sponsor, Churchville Recreation Council or Harford County Department of Parks & Recreation responsible for injuries received while participating in this program. I also understand that information on YOUTH SPORTS CONCUSSION AND HEAD INJURIES is available at www.cdc.gov/concussioninyouthsports or at 1-800-232-4636. I hereby approve of the terms of the contract signed by myself.

Parent/Guardian Signature: _____ Date: _____
(If child is under the age of 18)

Program Use Only

Age and Information Verified By: _____ Date: _____

Payment Amount: _____ Payment Type: _____ Cash Check No: _____